



UNITED STATES
PATENT AND
TRADEMARK OFFICE

Commissioner for Patents
Washington, DC 20231
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Bib Data Sheet

CONFIRMATION NO. 9658

SERIAL NUMBER 09/330,629	FILING DATE 06/11/1999 RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. JG-RP-4796
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APPLICANTS

CLAUDIA CHERNEY STEWART, SOUTHAMPTON, NY;

**** CONTINUING DATA *******

This appln claims benefit of 60/089,250 06/11/1998 *601*

**** FOREIGN APPLICATIONS *******

None
IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 07/06/1999**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

ADDRESS

026418

TITLE

METHOD OF HIV AND HPV PROPHYLAXIS

FILING FEE RECEIVED 886	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/330,629	06/11/99	586 586/185	1621 1617	JG-RP-4796

APPLICANT

CLAUDIA CHERNEY STEWART, SOUTHAMPTON, NY.

****CONTINUING DOMESTIC DATA*******

VERIFIED PROVISIONAL APPLICATION NO. 60/089,250 06/11/98

SH 11/13/00

****371 (NAT'L STAGE) DATA*******

VERIFIED

None SH 11/13/00

****FOREIGN APPLICATIONS*******

VERIFIED

None SH 11/13/00

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/06/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 4
Verified and Acknowledged <u>SH</u> Examiner's Initials _____		Initials _____			

ADDRESS

MCAULAY NISSEN GOLDBERG KIEL & HAND LLP
261 MADISON AVENUE
NEW YORK NY 10016

TITLE

METHOD OF HIV AND HPV PROPHYLAXIS

FILING FEE RECEIVED \$664	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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